



POLICE DEPARTMENT COUNTY OF SUFFOLK
ACCREDITED LAW ENFORCEMENT AGENCY
PISTOL LICENSE APPLICANT QUESTIONNAIRE



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1. Last Name:	7. Date of Birth: Male <input type="checkbox"/> Female <input type="checkbox"/>
2. First Name:	8. City of Birth:
3. Middle Name:	9. State of Birth:
4. Suffix:	10. Citizenship (Country):
5. Social Security #:	11. Marital Status:
6. Alien Registration # (if applicable):	12. Type of License You Are Applying For: (see Instructions Page 1)

PHYSICAL DESCRIPTIVE DATA:

13. HEIGHT (FEET/INCHES)		14. WEIGHT (POUNDS)		15. RACE	
16. HAIR COLOR		17. EYE COLOR			

18. Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?
YES ☐ NO ☐

If yes, furnish the following information:

DATE	POLICE AGENCY	CHARGE	DISPOSITION	COURT & DATE

19. List all handguns in your possession (if none, so indicate)

MANUFACTURER	PISTOL OR REV	CALIBER	SERIAL #	MODEL	PROPERTY OF

20. Current Employer

21. Employer Address

22. Occupation

23. Nature of Employment

24. Business Phone

25. List all prior places of employment (include business name, address, nature of business and phone #)

26. PRESENT ADDRESS: include House #, City, Village, Town, State (if other than New York), Zip Code, and Telephone # (include mailing address if different)

Address _____ City _____ State: New York Zip Code _____
Home Telephone # _____ Alternate/ Cell Telephone # _____
Mailing Address _____

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27. List all prior places of residence (include street address, city, state, and zip code)

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28. Spouse/ Domestic Partner Name:

D.O.B :

Telephone #:

Cell Phone #:

29. If Female, Your Maiden Name:

30. If Male, Your Wife's Maiden Name:

31. Mother's Maiden Name:

32. Father's Name:

33. Nicknames or Aliases (Applicant):

34. Next of Kin (include person's Name, Address, and Phone #):

35. Name and address of person who will safeguard pistol (s) and notify the Pistol Licensing Bureau in case of Applicant's death or disability. (should be a Suffolk County resident, but does not need to possess a pistol license)

Name: _____ Telephone: _____

Address: _____

36. Give four (4) character references who, by their signature, attest to your good moral character - **list references alphabetically and print clearly. Each reference must personally sign form.** (see qualifications in instructions)

LAST, FIRST, MI	D.O.B.	STREET ADDRESS	CITY, TOWN	TELEPHONE	SIGNATURE

37. A license is required for the following reason: (see instructions, page 1)

38. Have you **ever** been terminated/discharged from any employment or the armed forces *for cause*? YES ☐ NO ☐

39. Have you **ever** undergone treatment for alcoholism or drug use? YES ☐ NO ☐

40. Have you **ever** suffered any mental illness, or been confined to **any** hospital, public or private institution, for mental illness? YES ☐ NO ☐

41. Have you **ever** had a pistol license, dealer's license, gunsmith license, or **any** application for such a license disapproved, or had such license revoked or cancelled? YES ☐ NO ☐

42. Do you have **any** physical condition which could interfere with the safe and proper use of a handgun? YES ☐ NO ☐

43. Have you **ever** been charged, petitioned against, a respondent or otherwise been a subject of a proceeding in Family Court? YES ☐ NO ☐

44. Has **anyone** in your household been convicted of a felony or serious offense? YES ☐ NO ☐

45. Have you or any member of your household **ever** suffered mental illness, or been confined to any hospital, public or private institution, for mental illness? YES ☐ NO ☐

46. Have you **ever** used or still use narcotics, tranquilizers, or anti-depressant medication? If yes, record doctor's name address, and phone number. YES ☐ NO ☐

47. Have you **ever been** denied appointment to a civil service position; federal, state, or local? YES ☐ NO ☐

48. Have you been the subject of military disciplinary action? YES ☐ NO ☐

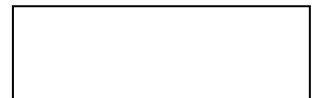
49. Have you **ever** had any license (i.e. driver's or liquor) issued by **any** agency **denied, revoked, cancelled or suspended**? YES ☐ NO ☐

50. Have you **received** a traffic summons, or been arrested or convicted for any traffic infraction in the last **five (5) years**? If yes, list the date(s), charge(s), police agency, court, and disposition. YES ☐ NO ☐

51. If you have answered 'yes' to any of the above (questions 38 through 50) and **require additional space**, submit a separate **detailed, notarized explanation** on 8 1/2" x 11" sized paper.

STATE OF NEW YORK
COUNTY OF SUFFOLK I _____ being duly sworn, depose and say that I am the above named person and I have signed the foregoing statement.
I have personally read and answered all questions therein and I do solemnly swear that every answer is full, true, and correct in every respect.

Sworn to before me this _____ Day of _____



SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY/WITNESS

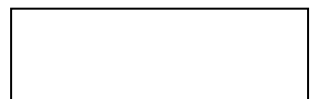
NOTARY STAMP

POLICE DEPARTMENT COUNTY OF SUFFOLK
CONTINUATION PAGE - IF ADDITIONAL SPACE IS REQUIRED

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COUNTY OF SUFFOLK I _____ being duly sworn, depose and say that I am the above
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NOTARY STAMP

SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY/WITNESS